



FAIR POLITICAL PRACTICES COMMISSION

428 J Street • Suite 620 • Sacramento, CA 95814-2329

(916) 322-5660 • Fax (916) 322-0886

November 1, 2010

Robert Polacchi

Redacted

RE: FPPC File No. 10/928; Unknown mass mailing regarding the City of Hercules Waterfront project

Dear Mr. Polacchi:

This letter is to notify you that the Enforcement Division of the Fair Political Practices Commission (the "FPPC") will investigate the allegation(s), under the jurisdiction of the FPPC, of the sworn complaint you submitted in the above-referenced matter. You will next receive notification from us upon final disposition of the case. However, please be advised that at this time we have not made any determination about the validity of the allegation(s) you have made or about the culpability, if any, of the person(s) you identify in your complaint.

Thank you for taking the time to bring this matter to our attention.

Sincerely,

Redacted

Roman G. Porter
Executive Director

RGP/tr

SWORN COMPLAINT FORM

(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.

Mail the complaint to: **Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, California 95814**

Person Making Complaint

Last name: POLACCHI

First Name: ROBERT

Street Address:

Redacted

City: _____ State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

10 OCT 14 PM 1:51
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Complaint

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: POLACCHI

First Name: ROBERT

Street Address:

City: _____ State: _____

Zip: _____

Telephone: (____) _____

Fax: (____) _____

E-mail: _____

Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) **You must state the suspected violation(s) on this form.**

THE ATTACHED POST CARD WAS MASS MAILED
TO HERCULES RESIDENTS LATE LAST WEEK OCT 8-10

IT IS ADVOCATING A VOTE AGAINST THE
2 HERCULES CITY COUNCIL CANDIDATES

IS THIS A POLITICAL MAILING?
IS IT A SLATE MAILING SINCE IT
IMPLIES A VOTE FOR THE 2 CHALLENGERS

DOES THE SENDER NEED TO FORM A
POLITICAL COMMITTEE?

DOES THIS NEED AN FPAC ID NUMBER?

DOES THE SENDER NEED TO IDENTIFY
HIMSELF?

Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

RECEIVED POST CARD IN MAIL.

SEE LAST SECTION

****Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). Note that a newspaper article is NOT considered evidence of a violation.**

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Telephone: (____) _____

Fax: (____) _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Telephone: (____) _____

Fax: (____) _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Redacted

(Signature)

10-21-2010

(Date)

ROBERT B. POLACCHI
(Please print your name)